

MAX BAUCUS
United States Senator from Montana

PRIVACY RELEASE FORM

Please return completed Privacy Act Release to:

SENATOR MAX BAUCUS
511 Hart Senate Office Building
Washington, D.C. 20510

In compliance with the Privacy Act, I have authorized Senator Max Baucus and/or his staff to act in my behalf. I am requesting that all records and information pertaining to my concern/problem be released to him.

Signature: _____

Spouse/Other Signature (relationship): _____

Date: _____

Name (please print) _____

Spouse/Other Name (please print): _____

Address: _____

City, Zip: _____

Home Phone _____ / Work Phone _____

Service Branch of Military: _____

Date/Rank When Discharged: _____

IRS Records for which Tax Years: _____

SSA/Medicar/CSA/VA/OWCP/INS/Taxpayer ID: _____

Date of Birth _____

Please explain concern/problem here: _____

(please use back of form if necessary)